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ABSTRACT

Focusing on primary prevention, the program described was developed to prevent and minimize effects of child sexual abuse. The program offers (1) information for children on sexual abuse and molestation within the context of "good" and "bad" touching, (2) instruction for children concerning self-protection skills and opportunities to practice such skills, (3) instruction in and practice of self-assertiveness skills, (4) information for school personnel about child sexual abuse and available community resources, (5) information for school personnel concerning the primary prevention program and opportunities for these individuals to practice their role in the program, (6) information for parents and opportunities for parent participation, and (7) information about resources for program participants who become aware of personal problems concerning child abuse. Materials for children in kindergarten through third grade involve various games and role-playing activities; those for students in fourth through sixth grade consist of filmstrips designed to teach self-protection skills. Discussion materials address issues related to child sexual abuse and objections to the school-based program. Three appendices respectively include program materials, a list of bibliographic and organizational resources, and a list of related films and filmstrips; provide arguments countering objections to the program; and describe in detail processes involved in the sexual abuse of children, including mention of the nature of the experience, dynamics, consequences, and treatment. (RH)

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# PRIMARY PREVENTION OF SEXUAL CHILD ABUSE: A Program of Direct Child Education

In Fulfillment of
Comprehensive Project Requirements
for Masters of Science
in Community Mental Health

Elizabeth Severns
March, 1983

PS 013988

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This project might not have been written had it not been for the support of fellow feminists, who encouraged me in my early "hunches" on sexual child abuse and its connection to women's mental health issues. I am especially grateful to those women who shared their stories with me, who chose to trust me with their pain and their secrets. This project is written in the hopes that it will contribute to preventing repetition of that pain in children of the future.

A special thanks is given here to Kate Mitchell, age nine, who provided important advice in the development of the "Touch" script and in the adaptation of the "What If..." and "NO" Games. The "Good Touch/Bad Touch Maze" was Kate's original contribution to this project.

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# INTRODUCTION

The sexual abuse and molestation of children is a social issue which, because of its nature, is difficult for many professionals and community members to address. In light of the strengh of taboos, misinformation and myths, and cultural values, this difficulty is understandable. It is asked that this project be pursued with objectivity and open-mindedness, for it is in this frame of mind that sexual child abuse can be more directly dealt with, and eventually prevented.

The dynamics of sexual abuse are such that recognition of victims, and early intervention on their behalf, is frequently not accomplished. Unknown numbers of victims bear the effects of their experiences in silence. Victims do appear as clients of mental health and corrections service systems, however, at later stages in the process, although the abuse itself may not be identified as a causative factor.

The special nature of sexual child abuse, however, also makes it particularly amenable to prevention efforts. Primary prevention can be achieved by training children in self-protection skills and resource utilization, and by the education of adults involved in their care. Incidents of occurring abuse may be diminished, both in duration and long-term effects, by the early identification and treatment of the problem, and by the influence of understanding and caring adult support.

The information which follows provides an examination of the problem of sexual child abuse, and of supporting information for prevention programming, as well as program proposals. It is expected that this project will also serve as an implementation resource for others interested in developing similar programs. The consolidation of research, listing of bibliographical and other resources, the recommendations of the implementation section, and the discussion of possible implementation problems, provide information which should be useful in other program development efforts.

The literature on the sexual abuse of children uses many different phraseologies to describe the problem, including sexual assault, sexual misuse, sexual victimization, and sexual child maltreatment. Sexual child abuse is the predominant term here, though other terms are used interchangeably. The working definition for sexual child abuse used here is that this constitutes the involvement of children (minors) in sexual activities with adults or adolescents approximately five years or more their senior, where the children (because of their status and developmental levels) cannot have powers of informed consent, and/or are coerced, physically or psychologically, into the activity.

STATEMENT OF PURPOSE:

The program put forth here has been developed for the purpose of actively preventing the sexual abuse of children, and for the minimization of effects on children and their families should an abusive situation occur. Although the program may influence existing treatment services in the community, and thus provide amelioration of effects of current or past incidents of abuse, the major focus is on primary prevention. The aim of the program is three-fold:

1. To provide children with information which will increase their self-protection skills, while decreasing their psychological vulnerability to sexual abuse.

2. To provide information and training to parents and school personnel in sexual abuse prevention, to enable them to reinforce the self-protection skills of the children, and to provide additional child protection and support resources.

3. To provide program development and implementation guidelines for persons motivated to establish similar programs within their own communities.

STATEMENT OF NEED:

The need for this program is supported by an examination of three areas: incidence of the abuse, effects of the abuse on the psychological well-being of victims, and the nature of the child sexual offender.

A. Incidence of Sexual Child Abuse:

The problem of sexual child abuse has been hidden and denied for many years, and has only very recently been persistently addressed. Solid data is difficult to find for several reasons. As with other problems of a family or sexual nature (e.g. rape, spouse abuse, child battering and neglect), a high rate of underreporting is suspected. Collected statistics such as FBI reports, frequently do not distinguish between various kinds of child abuse or sexual assault. Studies have tended to be of small, pre-selected populations. More recently, however, estimates and trends support the viewpoint that sexual abuse is a significant child protection issue.

One of the most frequently cited studies is that of DeFrancis, compiled from a three year review of reported incidences of sexual abuse in two burroughs of New York City.

Reported cases occurred at a rate of 149.2/100,000 population, compared to rates of 71.3 and 118.4 respectively, for robbery and aggravated assault. DeFrancis estimated that the actual incidence was 3.5 times higher, based on the believed underreporting rate for rape, yielding a rate of 522.2/100,000 population. He further proposes that the actual rate of sexual abuse is at least half as large as that of physical battering (DeFrancis, 1969, pp. 36-37). Figures from the National Center for the Prevention and Treatment of Child Abuse and Neglect place the estimates of sexual abuse at 200,000/year, an incidence equal to that of child battering (Geiser, 1979, p. 6).

Finkelhor's study is one of the few which has produced statistics from a large, unselected population. Among 796 college students in six New England schools, 19.2% of females and 8.6% of males reported a childhood sexual experience with an adult, or an adolescent at least five years older than themselves (Finkelhor, 1979, pp. 53-56). The majority of these experiences were perceived by the victims as exploitative and negative (pp. 65-67). This study lends support to an unsubstantiated figure which is beginning to appear frequently in more recent literature--that 25% of all female children can be expected to be sexually abused before reaching the age of 18.

Other measures of the true incidence of sexual abuse lay in responses to innovative treatment programs. The CSATP (Child Sexual Abuse Treatment Program) of Santa Clara, California, began its services in 1971 with only 26 families referred for treatment. By 1978, the caseload was 600 families (ICEF, Professional Introductory Packet). A family treatment program offered through Lutheran Social Services in Pierce County, Washington, noted an even greater response, from 25 referrals in 1976 to 750 referrals in 1981.* In both instances, provision of services that were family oriented and non-punitive created a response that was dramatically above pre-service levels.

An analogy may be drawn to reporting trends in physical battering and neglect of children, a more recognized child protection problem. After the establishment of child abuse legislation in all the fifty states by 1967, reported cases rose from 7,000 for that year to over 500,000 in 1976, an increase of 10-15% per year (Geiser, p. 4). High levels of underreporting are frequently assumed in this and other crimes, such as rape or spouse battering, a further indication that more accurate rates of "hidden offenses" like sexual abuse

*Note: From public information literature of Lutheran Social Services of Washington, Sexual Abuse Project.

are not known until after treatment services, legislation, and community services are established.

B. Psychological Consequences of Sexual Abuse

It is not known what portion of victims of childhood sexual assault suffer short or long-term consequences as a result. It is possible, even probable, that some emerge from the experience with no perceived dysfunction or effect. There is reason to believe, however, that psychological consequences are a factor for a large number of victims. In the DeFrancis study, for example, two-thirds of the children involved were evaluated as being emotionally damaged by the experience, 14% severely (p. x). The areas of concern here are the immediate effects, long-term effects, and the generational transmission factor.

1. Immediate Effects on the Child:

Reactions to child sexual abuse have been compared, in some of the literature, with those of adult women to rape experiences. These reactions may include: eating and sleeping disturbances, somatic complaints, fatigue, withdrawal, depression, or irritability. Others are anxiety, low self-esteem, feeling rejected by others, numerous fears, and even school phobia (Geiser, pp. 26-27; DeFrancis, pp. 6-7 & 157-159; Gentry, 1978).

A general guideline is that children will exhibit a marked change in behavior that is likely to indicate some level of anxiety or acting out. Both DeFrancis and Geiser remark on particular sexual behaviors in these children, who may become sexually aggressive or excessively curious about sexual matters, or who may engage in an unusual degree of masturbation. Learning problems are cited by numerous authors as a common consequence of sexual child abuse.

2. Long-Term Effects:

However, if behavior changes are not "allowed" by a parent who cannot cope with the incident, the child's responses may not be representative of the true emotional state. This child, or the child who never reports or is abused repeatedly, is more likely to bear long-term effects of the incident(s).

A more exhaustive review of the literature on long-term effects can be found in Appendix C, but a brief discussion here is needed. Sexually abused children respond much the same as children who are otherwise abused, with: low self-esteem, chronic depression and anhedonia, lack of

integration and basic trust, problems with interpersonal relationships, and feelings of social isolation, as well as a pervasive sense of lovelessness (Steele & Alexander, 1981, pp. 225-230; Geiser, pp. 28-31).

Sexual abuse, however, produces particular difficulties directly related to the nature of its dynamics. A sense of exploitation, entrapment, powerlessness or helplessness, and abandonment is common to these victims (Steele & Alexander; Geiser). Other signs are: sexual dysfunction, high levels of guilt, involvement in abusive relationships, parenting anxieties, and suicidal and other self-destructive behaviors (Tsai & Wagner, 1978; Meiselman, 1979, pp. 188-198; Herman & Hirschman, 1980, pp. 115-116).

Another consideration is that of the relationship of child sexual abuse to other social problems. Several authors have contributed, or reviewed, studies showing high levels of abuse in the histories of women who are currently troubled with substance abuse, prostitution, promiscuity, and criminal behavior (Spencer, 1978; Geiser, pp. 58-59; Finkelhor, p. 32). Other authors show concern for adolescent runaways, many of whom have left home because of sexually abusive situations, but who are then forced to turn to prostitution and/or pornography as a means of survival (Janus, 1981).

3. Generational Transmission:

Several authors seem to suspect that sexual abuse is transmitted from one generation to another, much like other forms of child maltreatment. Studies of incestuous families reveal that one,or even both, of the parents may have been a past child victim of abuse (Butler, 1978, pp. 67 & 114; McCarty, 1981). Studies of offenders have shown high levels of sexual abuse in their histories, some from 50-75% (Butler; Geiser, p. 32). The data supports the view of Swift (1979) that treatment of offenders is not only necessary to address their needs, but may also be important in prevention programming.

Offender treatment, however, is not sufficient child protection in itself, for it requires identification, which is currently unlikely. Offenders tend to repeat victimizations; 40% of victims in both DeFrancis' and Finkelhor's studies were assaulted repeatedly, some over an extended period of time (DeFrancis, p. vii; Finkelhor, p. 59). The average pedophile, or child molester, will assault between 30 and 60 children in a "career" (Sanford, 1980, p. 85). Offenders will almost never self report and seek treatment or intervention (Groth, 1978, p. 32). It is clear that offenders are not a reliable

source of restraint, which leaves the child, as the only other participant, with a need to be able to take action to preclude or end the sexual assault.

In summary, the sexual victimization of children does, at least for many, cause periods of disturbance and maladjustment. Some of these effects may be felt many years after the actual event, and do not seem to dissipate without intervention. In addition, some of these effects are felt in social problems, such as socially maladaptive and criminal behavior, which eventually require social services. The nature of the offender is such that prevention must be aimed at the child rather than the offender.

## CURRENT TREATMENT OF PREVENTION:

The proposed project meets the various criteria of primary prevention described by Conye (1983). First of all, it is proactive; the population at risk (children) is identified before-the-fact. The direct education of children in sexual self-protection skills not only renders them more competent in dealing with potential threats to their well-being, but it should also reduce their psychological vulnerability to sexual assault. Incidences of abuse should actually decrease as a result. In addition, the program includes adult education and support training as supplements to direct child service, which broadens the base of community awareness and child support.

### A. Review of Sexual Abuse Prevention Literature:

There are serious problems to be encountered in any review of current sexual abuse prevention efforts, for there seem to be only a few. The issue of prevention is now being addressed, but rarely in depth and rarely in a truly primary approach. The suggestions for prevention in the literature are more likely to be directed at making treatment after-the-fact more available and desirable, and are thus of a secondary or tertiary nature.

Of the research conducted for this project, only one book, one article, and two booklets were uncovered which focus on primary prevention of sexual child abuse. All of these recommend direct education of children as imperative in any self-protection effort.

Burgess, Holmstrom, and McCausland (1978, pp. 200-203) make some recommendations, though briefly, concerning child protection. One of the more important points is that of giving the child information on sexual assault within the context of

general safety education. They suggest that this information may be conveyed within a variety of school curricula, possibly even in such areas as history or social studies. The preparation of school personnel is also necessary, for these are the people most likely to be involved in child reports, and will be needed to function as support sources. Generally, these authors favor coordination of efforts by parents, schools, and community agencies for complete prevention efforts.

Another publication, by Adams and Fay (1980) is directed entirely at parents, and is a guide to education of children on prevention, and to coping with an occurrence of child molestation. They give the following as reasons for discussing sexual abuse with children: so that children will receive the message that adults want to be told of approaches; so that children will know about sexual assault, and thus be less likely to react with shock or fear should they be approached; to reduce vulnerability to assault by providing information and adult back-up (p. 1).

They further recommend that parents monitor children's relationships with adults, that they respect physical territoriality, that they take action when children are being taken advantage of, and that children be encouraged to trust their intuition about adult behaviors (pp. 13-16). Adams and Fay propose giving instruction on sexual self-protection within the context of general safety; however, they emphasize the importance of being specific enough that children understand the topic being addressed. The "What If..." and "NO" games (covered in more detail in the Program Description) are suggestions for educational techniques (pp. 28-37).

Sanford uses much the same approach, though her work is expanded to include educational material, for parents, on abuse and offenders. The basis for prevention, in Sanford's view, is the children's trust in their own judgement and their consequent willingness to take an action based on that judgement (p. 55). In general, Sanford's recommendations on prevention education are much the same as the previous authors, but her focus is somewhat different. She stresses the importance of positive parenting and open communication as two major assets in reducing psychological vulnerability to sexual abuse.

B. Offender Tactics:

The tactics employed by offenders are another source of much important information on prevention. Offenders, in treatment with the Sex Offender Program at the Connecticut Correction Institute offer the following "expert" advice on prevention (Sanford, pp. 266-268):

1. Establish trust and communication with your child;
2. Know adults and adolescents with whom child associates;
3. Be alert to signals;
4. Teach self-protection skills (emphasis author's);
5. Provide sex education.

Groth reports that offenders can be dissuaded if the child protests, or otherwise resists, the approach (p. 12). Other techniques used by children to avoid sexual activity with an adult have included delaying tactics, aggression toward the offender, and feigning illness (Burgess & Holmstrom, 1978, p. 95). In her discussion of sibling incest, Meiselman suggests that one reason such activity is less likely to be emotionally traumatic is the more equal power relationship; the peer age sibling is more easily told "no", the activity more easily ended (p. 272). Coleman reports several instances, in his work with the Sexual Abuse Project in Washington, where women have told him of preventing, or ending, an abuse situation simply by saying no (Personal correspondence).

C. Sources of Trauma:

In planning prevention education for children, it is important to consider which particular elements of the molestation are the major sources of trauma to the child, for these are the areas of the child's greatest vulnerability--to the assault, and to later effects. The harm that is done to a child in such an experience is almost always emotional, and those are the concerns which are addressed here.

It was Finkelhor's finding that the use of force, or other coercion, is viewed as the major source of trauma by past victims. This seems to be closely related to the effect of lingering guilt in those victims who complied, but who were not forced to do so. The second important source of trauma was in the difference in ages of participants; trauma increased in direct proportion to increases in age differentials. Thus, it is the experience of powerlessness and exploitation which are at the root of sexual abuse trauma (Finkelhor, pp. 99-107). The context of the act is actually a more important consideration than the particular sexual activity into which the child is manipulated.

Other authors support this view, particularly in more recent writings. DeFrancis, among others, stresses the importance of adult support for the abuse victim in avoiding long-term effects upon the child (p. x). It is Groth's view that trauma is not only highly variable, but is also not inevitable; the impact of parents and other adults is highly important in providing relief to the victim (p. 32). In dealing with an actual assault, Adams and Fay stress the importance of reassuring children that they are believable and guiltless.

Adult understanding and support are crucial in the post-assault phase, for they provide the child with an important resource--adult power that can be used for their protection--counter-balancing the previous exploitation. If adult support and understanding are so crucial in the recovery phase, their potential as prevention resources cannot automatically be discounted.

D. Current Prevention Programs:

Various listings of child sexual assault service programs include some which claim to be at least partially prevention oriented. Unfortunately, requests for information by the author to several agencies produced only two replies, so a survey of current programs is limited. Although somewhat difficult to locate, programs do exist where schools and parents cooperate in providing prevention information to children.

1. Hennepin County, Minnesota:

The most complete information currently available to this author is on a program entitled "Child Sexual Abuse Prevention Project: An Educational Program for Children." It is offered through Sexual Assault Services, a program within the Hennepin County Attorney's Office. After beginning with a two year pilot program, this service has been implemented in the public school system for approximately four years, and has apparently enjoyed a positive reception in the community.

The foundation of the program is the Touch Continuum activities and information delivery which explore the differences between touch which is caring versus touch that is damaging. The Touch Continuum and the development of prevention skills are always included in presentations. Other suggested activities include identification and use of resources, terminology, and discussions on offenders.

This particular program is presented by health teachers, within the family life curriculum, for junior and senior high school students. Regular classroom teachers present the program in grades K-6, though once again it is recommended that material and activities be incorporated into an appropriate and existing curriculum. A community theater group, called the Illusion Theater, participates in presentation of the Touch Continuum, and some other suggested activities (Kent, 1979). (In addition to the high quality of the activities and curriculum contained in their program description, this manual is an excellent resource for implementation suggestions).

2. Salt Lake City, Utah:

The program offered through the Rape Crisis Center in Salt Lake City seems to be similar to that of Hennepin County. This program also utilizes the Touch Continuum and actors and actresses in presentation methods. "Who's in Charge? I'm in Charge!" is conducted in the public schools, and has been for the last six years. Response to the program has been very positive, with demands for presentations and materials currently exceeding staff capabilities, even though this geographical area is one generally regarded as quite conservative. The crux of the program lies in the child's right to privacy, to say "No" to adult offenders, and on the child's need for a positive self-image to reduce vulnerability to assault. (From a telephone conversation with the program director; printed materials not yet available.)

3. Pierce County, Washington:

This program (title unknown) is delivered through the state Lutheran Social Services, under the auspices of the Sexual Abuse Program. Prevention education is presented in the schools, by program staff, within personal safety classes. Staff also address adult groups for purposes of presenting child education prevention techniques, and of raising community awareness and sensitivity. Staff report that adults and adolescents in audiences will often privately share information on their personal assault experiences following presentations, and in such numbers as to have convinced the program director that the true incidence of sexual assault is at a 1:3 ratio for females. (From personal correspondence with Peter Coleman, program director; printed prevention materials not available.)

Although these programs vary in presentation method, and are each housed in different service organizations, they enjoy commonalities. All have functioned for some time with generally positive community responses. They are all committed to delivering prevention education directly to children, and all take place in the public schools.

PROGRAM RATIONALE:

The sheer numbers of children who are victims of sexually abusive experiences, and the possibility of long-term emotional impairment as a result, point out the need for primary prevention programming. Supporting research discussed above indicates that certain actions taken by children, and adult support resources, can help to deter offenses of sexual abuse. The crux

of this rationale is that children have a right, as well as a need, to accurate information on sexual self-protection. The proposition is that any other issue which threatened to effect 25% of our female children, and a considerable number of our male children, would be immediately and thoroughly addressed.

Schools, as well as parents, routinely provide children with information on safety and self-protection. Fire Prevention Week, Dental Health Week, and instruction in bicycle safety are examples that come readily to mind. The need of children for sexual self-protection skills is at least as great as their need for information in these other health and safety areas, which schools currently address.

Furthermore, the public school is the only system, external to the family, with which children must come into contact, with few exceptions. Other institutions, such as Family Y's, church or parent groups, are all appropriate for prevention education, but there is no guarantee of how many children would be reached through these types of organizations. It seems likely that the children who are at highest risk (those from incest prone families, for example), are also those with the least access to self-protection information. Only by using a system which has a broad base, such as a public school, can we hope to meet the needs of the majority of children.

Schools are already a recognized resource for child welfare. They participate in programs on health, safety, and family life. Personnel have attended in-service training on child abuse issues. According to 1978 figures, school personnel are as frequent a reporting source as law enforcement agencies (Schultz, 1980, Introduction). The few prevention programs known to this author, other than child training by parents, do take place within the school system, apparently with no serious negative effect. The participation of children in the public educational system, and the established role of that system in child protection, make the schools a logical resource for the effective dissemination of sexual child abuse prevention information.

PROGRAM DESCRIPTION:

> "A child's best defenses (from sexual abuse) are a sense of his or her own power, a knowledge of what constitutes abuse, and an awareness of the resources available for support and protection" (Krause, 1983).

The philosophical base for this program rests on several issues. First of all, it adopts the view that children have

basic rights, in this instance to information, to self-protection skills, and to have control over physical contact or behaviors that may be harmful to them, or which threaten their integrity. It is also important to convey to the children that they have adult support, access to protection and information resources, and that complaints about adult behaviors will be considered believable. Male co-presenters in this program are necessary, particularly in view of the fact that most sexual abusers are male. The presence of the male presenter conveys to the children that men are resources of protection, especially important as a balance in the generally female-dominated elementary school system. It is also felt that male presenters will be an important source of identification and support to boys in the audience.

The role of other adults is intrinsic for the success of the program. In-service training of school personnel is needed, for these are the people who will be functioning as long-term resources for the children. Program staff will be able to provide only transitory support. A final consideration is the inclusion of parents in the program. Information on sexual self-protection may need to be repeated over time, and the messages reinforced. Parents will be an invaluable asset to the child who does become a victim of an assault. Although specific activities and presentation formats may be varied, to suit different circumstances, it is felt that excluding any of these major elements would endanger the program goals and reduce the level of protection to the children.

The responsibility for implementation, resource coordination, development of materials, training of school personnel and information delivery to parents, and presentation of the program to children will rest with the program staff. These staff can be employed specifically for this project, or may be employees of sponsoring agencies, of which the school district may be one. The responsibility of the school system will be to give parents information materials (to be taken home by students), to collect permission slips, to attend in-service training, to coordinate referral and reporting procedures, and to participate in presentations as described below.

Information to be presented to students will include basic self-protection skills, listing of adult resources, and role playing of assertiveness skills. This program is intended to be presented as a personal safety class, but is adaptable to other curricula. Information specifically on sexual abuse will be prevented within a context of discussions on touching, in a modification of the Touch Continuum found in the Hennepin County program. Students will be given specific information on sexual abuse (that this form of touch involves the genitals, breasts, and buttocks), but the focus of

presentations will be on distinguishing between "good" and "bad" touch. It is felt that the cognitive development level of this age group would create difficulties in presenting the information as a continuum, or more abstract, process.

A. Program Goals and Objectives:

GOAL I: Children will receive information on sexual child abuse and molestation within the context of identifying and discussing "good" and "bad" touching.

Objectives:

1. Children will see a film that delineates between "good" and "bad" touching, and which clearly identifies what constitutes sexual abuse.

2. Children will participate in a classroom discussion, led by the program presenters, on touching.

3. Children will be able, in group discussion and activities, to identify "good" and "bad" touching.

Evaluation: All children in the program will view the filmstrip, and 80% of children should be able to participate in discussions and to identify "good" and "bad" touching.

GOAL II: Children will receive instruction on, and have opportunities to practice, self-protection skills, during group discussions and activities.

Objectives:

1. Children will be able to identify adults who are protection resources; these may include relatives, adult friends, and should include school personnel.

2. Children will exhibit an understanding of self-protection skills in classroom discussion and in playing the "What If..." Game.

Evaluation: Eighty percent of children in the program should be able to identify adult support resources, and to respond with self-protection information in playing the "What If..." Game.

GOAL III: Children will receive instruction in, and opportunities to practice, a minimal level of self-assertiveness skills.

Objectives:

1. Children will be able to play the "NO" Game with each other and with adults in classroom activities.

2. Children will be able to say "No" clearly and quickly when asked direct questions about whether or not an adult can give them a "bad' touch.

Evaluation: Eighty percent of children in the program will successfully complete these activities.

GOAL IV: School personnel will receive information on child sexual abuse, and on available community resources which address the problem.

Objectives:

1. School personnel will attend an in-service training on child sexual abuse.

2. School personnel will view a training film which will introduce them to the dynamics, consequences, and behavioral signs of child sexual abuse.

3. School personnel will receive oral and written information on protection laws and reporting procedures within the particular school system, and on community resources.

Evaluation: All regular classroom teachers, school social workers and psychologists, school nurses, and other direct service personnel will receive the above information, and participate in the above activities.

GOAL V: School personnel will receive information on the primary prevention program to be implemented, and will receive instruction on, and practice in, their role in that program.

Objectives:

1. At an in-service training, personnel will hear a presentation on the prevention program, and will have an opportunity to examine program materials and to talk with program staff.

2. Personnel will be asked to participate in the classroom presentation to the children in the following manner:

a) To be present during the program, and to act as observers of children, identifying those whose behavior is markedly different from normal classroom behavior.

b) To identify themselves to the children as an adult support resource, by saying, in their own words, "I would like you to come to me if you have questions, or if you have a special problem with touching that you would like to talk about."

Evaluation: All designated school personnel will attend the in-service training, and it is expected that all, or nearly all, regular classroom teachers will agree to participate in the presentation of the program in the above described manner.

GOAL VI: Parents of school children will receive information on the prevention program, and will be given opportunities to participate in the prevention education goals.

Objectives:

1. Parents will receive written information describing program goals and activities.

2. Parents will give written permission, by completing a form provided by the school, for their child to participate in the prevention program.

3. Parents will have the opportunity to attend meetings at the school with program personnel, to hear a presentation and have an opportunity to examine program materials and talk with the staff.

4. Parents will have the opportunity to attend the in-depth education program which will provide them with information on prevention education in the home.

Evaluation: All parents will be sent information on the program, and it is expected that 90% or better will give written consent for participation by their children. Although parent participation is variable, attendance at an introductory is expected to be no better than 10%. Since enrollment in an in-depth education program would necessarily be limited, full enrollment would be an encouraging but inaccurate measure of parental interest.

GOAL VII: To provide information on resources to school personnel, parents, or other adults in the community, for whom the proposed program and activities has stimulated personal difficulties.

Objectives:

1. Concerned adults will receive information on community resources which can assist with a personal crisis generated by addressing sexual child abuse within the community.

2. Concerned adults will have information on how to contact program staff for discussion, information, or referral, either for counseling, or other intervention.

B. Program Materials and Activities:

This program requires minimal use of outside materials. The major portion of classroom instruction will involve group discussion and special games, developed to teach self-protection skills.

1. Mimeographed letters and permission forms will be sent to parents of all children in the elementary school system.

2. A handout will be given to parents and school personnel which will include a description of the program, an annotated bibliography of literature that would be helpful in understanding sexual abuse; a bibliography of literature that has been written for adults on child prevention education; resources for intervention and/or information; other resources available for parents, teachers.

3. A handout will be given to children in grades K-3 which lists the three basic self-protection skills and which lists adult resources (parents, teacher's name, school nurse, etc.). These handouts will have pictures in the top half, which the children may enjoy coloring, which show an example of "good" and "bad" touch.

1. Children in grades K-3 will be given a copy of the "Good Touch/Bad Touch Maze" to complete. This game will show two children, a boy and a girl, at one end of the maze with an adult who is holding onto their arms. Two adults identified as the mother and father will be at the other end of the maze. The children will be asked to help the children in the picture to find their way to their parents, to tell them about the "bad" touch person.

5. A handout will be given to children in grades 4-6 which lists the three basic self-protection skills and adult resources. Blanks will be provided on these handouts for the children to list their own ideas of self-protection skills and resource persons.

* 6. The "What If..." Game: Basically, this activity consists of reading, or telling, children about different situations, involving a child, in which self-protection skills are needed. Children will be asked to respond to questions about the story, such as: what is happening in the story, is the touch "good" or "bad", what can the child in the story do, what would you do if this happened to you, and so on. "What If..." scenarios presented will also include some which deal with general safety issues, reinforcing the concept that sexual abuse prevention is part of that broader safety area. (See Appendix A for suggested script.)

* 7. The "No" Game: The purpose of this activity is to help children develop assertiveness skills, which will facilitate the use of prevention techniques.

   a) Children are paired, and asked to practice saying "No" to one another.

   b) Children, still in pairs, will take roles of a "Persuader" and a "No-sayer"; the persuader will try to talk the other child into doing something, and the other child will always respond "No". Reverse roles and repeat.

* Adapted from Adams & Fay (1980)

c) Each child will be asked to say "No" to one of the adult presenters.

d) Children will each be asked, by a presenter, if a specific kind of "bad" touch can be done to them, and will respond with "No".

8. Films and filmstrips

* Grades K-3: "Speak Up and Say No" - 6 minute filmstrip, using cartoon characters to teach self-protection skills

* Grades 4-6: "For Pete's Sake, Tell" - 10 minute filmstrip, using cartoon characters to teach self-protection skills

There are several films available which would be appropriate for teachers and professionals, and a few for community members. Most are from 20 to 30 minutes. Specific selections may depend upon rental availability, financial ability to purchase, or local preferences.

9. See Appendix A for descriptions of in-service training for school personnel, parents, or other interested adults. Suggested scripts for the presentation of concepts of touching and sexual abuse information may also be found in that section, as well as bibliographical and other resource information.

* Both filmstrips developed by a classroom teacher in the elementary grades; available from Krause House, P. O. Box 880, Oregon City, OR

IMPLEMENTATION GUIDELINES AND PROBLEMS:

Implementation of a sexual child abuse program, particularly one such as is proposed here, which will have a high visibility from being seated within the public educational system, may be more difficult than the actual preparation of the program. Attitudes toward sexuality, and especially childhood sexuality, reflect a substantial amount of conflict and repression in our culture. There will be adults in the community who have had childhood experiences of sexual abuse, and who do not wish to have the issue addressed. Depending on the specific community involved, wide-spread resistance may be a problem. However, there are suggestions available which lend assistance in solving implementation problems.

Burgess, Holmstrom and MacCausland make four implementation recommendations: identify key people in the community and keep them informed; coordinate agency services and resources; develop public demand; and provide community education (p. 203). (The description of implementation procedures taken by the staff of the Hennepin County project would also be helpful.) The following are, in part, adaptations of these recommendations.

A. Agency Coordination:

Coordination of existing services is important for several reasons, the most obvious being the avoidance of duplication of services. In addition, addressing the issue of child sexual abuse on a public level will likely stimulate service requests to agencies, particularly those dealing with mental health or child protection services. Service providers need to be aware of the potential of increased caseloads, and of the special nature which these can be expected to take.

Agency coordination may also come under a general heading of professional courtesy. Prevention efforts will effect the future client population of any number of social service agencies, especially as past victims exhibit a multiplicity of long-term and short-term effects. It is expected that some of these organizations will share an interest in the program, and wish to make some contribution to it.

Depending on the structure of an individual program, there is potential for other agencies to be directly involved in development and delivery of the program. Program staff may be independently employed, or may work for existing agencies. Staff of community education departments of mental health centers, for example, could deliver this program in its present form. Community education may be done by rape crisis center staff and volunteers, or by other organizations whose purpose is consistent with program goals. In some areas, departments

of public health participate in child abuse prevention programs, and could provide funds, staff, educational materials, or other service delivery.

The compilation of community resources, for purposes of the program, would also be useful information for staff of involved agencies. For example, crisis line workers could contribute, and utilize, resource information. The sharing of information in this area will facilitate the referral process.

Coordination with other agencies will also make it easier to collect statistics on reporting and related service requests--important supporting data for further funding requests, or in the development of service programs to anticipate community needs. A final benefit to be reaped from coordination with other agencies is increased political influence, which may be very important in gathering community support for such a program.

B. Building Community Support:

It is possible that community support will grow easily out of agency coordination efforts. If not, identifying key people in the community, enlisting their support, and keeping them informed of progress and needs, can be helpful. The support of volunteer organizations, such as women's centers, could be important. Forming a task force will not only create structure for implementation efforts, but will increase networking potential, and will provide automatic candidates for any governing body, etc., which may be necessary after funding is provided.

Community education is not only important as one of the implicit goals of the project, but is a useful tool in building community support. Program staff, or volunteers or staff from existing organizations, can be available for public presentations on sexual child abuse, or on this and other prevention information. It may be useful, in making such presentations, to stress the prevention aspects, rather than a listing of sexual abuse "horror" stories. Sexual abuse is a difficult and emotional issue for many, and stressing prevention will help produce a positive view of the problem, which will be important in implementation in resistant areas.

It is almost certain that reported statistics for any given area will not show a need for sexual abuse prevention or treatment programs. Therefore, need will have to be shown by some other means. It has been the personal experience of this author that, although reported statistics for the area are extremely low, human service professionals working in the area perceive sexual child abuse as a significant service

problem. A poll of service professionals, asking for their opinion and/or experience in this area, may produce results which substantiate the claim of a "hidden" need. A report of incidence in nearby, or similar, areas may also help build community awareness of need. If service personnel do not perceive a need, then community education can help to build community demand for services.

C. Implementation Problems:

It is probably inevitable that some community resistance or problem areas would appear in attempting to implement a program which addresses child sexual behavior, particularly within a public institution. Parents and schools routinely provide children with information in self-protection and avoiding danger in many other areas, but not on this type of issue. As Finkelhor so aptly addressed the difference in social attitudes toward physical and sexual abuse, it is alright to spank our children, but it is not alright to talk with them about sex (pp. 5-6). What follows is an attempt to anticipate objections, or myths, and provide information which counteracts those efforts.

Myth: Sex Education belongs in the home, not in the schools.

Even if prevention education is accepted as important and necessary, this particular method (through public education) may come into question. Sex education, for example, has been designated by some as being more appropriate for family discussion than within the public education system. Direct education of children, by parents, is certainly one option among available methods. However, parents may not be willing and/or able to provide accurate information. Parents who have been abused themselves, and have never received any intervention, may be unable to deal with the issue at all. Another consideration is that of the child who is a potential, or actual, incest victim. Families in which incest occurs are generally described as introverted and non-communicative, and it does not seem likely that children in these families, already at high risk, will receive prevention information in the home.

In addition, the accuracy of information held by many parents may be in question. There are many myths about sexual child abuse (e.g. offenders are "dirty old men" on street corners), and prevention education based on myth will, of course, be less effective.

Myth: Sexual abuse only happens in poor, immoral families; it doesn't happen in our community.

Studies have repeatedly shown that sexual child abuse knows no social class or economic boundaries. There does

appear to be a slightly greater incidence in families who are under economic or environmental stress, but this could also be an illusion created by underreporting. (Middle and upper class families have greater access to private, and thus confidential, services.) Statistics quoted previously, in the Statement of Need, concerning incidence in California's CSATP program, were collected in a county that is economically middle class. It is interesting to note that child abuse in general, at least in the early stages of its status as a social issue, has also been regarded as a problem of the lower socio-economic classes.

The problem of extremely low reporting rates in the community has already been partially addressed in Part B of this section. In addition, statistics on estimates of sexual abuse on a national level are becoming more easily available. Data on areas which have had increases, due to establishment of humane services, can be used. The information on incidence, in the Statement of Needs, mentions two of these projects. Finally, correlations can be drawn with other social problems, such as family violence and alcoholism, which were, at one time, "hidden" problems. Accumulating this material, and proper delivery to key community people, can help overcome the "no incidence" barrier.

Myth: Sexual abusers are "dirty old men" and "strangers on the corner".

Many children already receive sexual abuse prevention information, and aren't aware of it. Unfortunately, they are being told "don't ride with strangers", a warning which provides them with minimal protection against the known offender, or even family members, from whom they run a much higher risk of being abused. Most studies indicate that the offender is known to the child 75-90% of the time (Tsai & Wagner; Sanford, p. 84).

Another common misconception is that of the "old" man as the offender. Groth's studies have revealed that 80% of offenders had committed their first act of abuse before the age of 40 (Groth, p. 4-5). Kroth's work states that the largest group in his study were offenders between the ages of 30 and 40, and almost all were under 50--a direct inversion of the popular belief (Kroth, 1979, p. 64).

Myth: Professionals who specialize in sexual issues are "kinky"; they have problems.

There are a few references to this problem in literature which discusses the establishment of sexual abuse treatment programs. Defense against this accusation are complicated, for there are no "studies" or "statistics" one can quote on a

personal level. However, a calm, objective approach, which is necessary for implementation, will be helpful. If community workers are prepared for this difficulty, it will be more easily handled.

Myth: If children have information on sexual child abuse, they will be able to falsely accuse an adult, or even a relative, against whom they bear a grudge.

The false accusation issue has been addressed repeatedly in the literature, and, in the opinion of the majority of authors consulted, has been dismissed. Reported false accusations are rare, but the suspicion persists among professionals. In cases where a hoax has been perpetrated, there is likely to be an adult confederate, who confesses to the action under direct questioning. What is more likely to happen is that a child will report, and then later retract the report, due to pressures, conflicts over loyalty, or feelings of guilt (Sahd, 1980, pp. 78-82).

Myth: Children behave in seductive ways, and are responsible for sexual abuse incidents in which they become involved.

In a recently publicized court case, a judge dismissed a sexual abuse charge, stating that the child involved (age 5) had behaved in a seductive manner. Just as rape victims are blamed for the crime committed against their person, sexual abuse victims have been accused of provocative behavior which "caused" the abuse to happen.

A close look at the power and consent issue, described earlier, should help establish rebuttal to this myth. It is, first of all, difficult to understand how an adult man can be "forced" to commit an act, against his will, by a child (whom statistics show is likely to be around 10 years old). Secondly, children do indeed behave in seductive ways, but they do not have an adult understanding of the influence, or consequence, of those same behaviors. Finally, as Butler and Finkelhor put the issue, female children are enculturated to be "sexy" and provocative from an early age, and then are blamed for the consequence of behaviors in which they have been well-trained.

Myth: Child molesters are sick, crazy people, and there is no defense against a person of that kind.

Numerous psychological studies have been conducted on all types of sexual offenders, and the result has been a view of these men as essentially "normal", at least in a psychiatric, diagnostic sense. Studies reveal a number of interpersonal problems, and personality characteristics which indicate some level of emotional dysfunction, but offenders are essentially sane.

SUMMARY STATEMENT

In closing, it might be helpful to recapitulate the main ideas presented in this prevention project. It has been shown that sexual abuse is a significant child protection issue, in both numbers of children affected, and in the seriousness of the consequences of such abuse. Not only does such abuse cause, or contribute to, psychological pain and dysfunction, but it may be an important factor in a variety of social problems. Research into the nature of sexual abuse, characteristics of offenders, and the nature of the child/adult power relationship, all strongly suggest that this particular form of child abuse may be highly preventable.

The program presented here is based on two ideas which are somewhat revolutionary. The first of these is that sexual abuse, although by nature almost always a "secret" offense, is perhaps more preventable than other forms of child maltreatment. The second "new" concept is that prevention efforts must directly involve children.

Earlier prevention efforts have focused on secondary efforts, many with a clinical approach, such as identification of high risk families or early intervention service delivery. A primary prevention program such as this requires that children be directly educated, and informed in self-protection skills, at the same time that an informed, adult support base is built. The public education system is an ideal, and very logical, base for such a prevention, education oriented program.

The difficulty with this prevention program is that its effectiveness cannot be measured. Sexual child abuse is highly underreported, and levels of reported incidents in, say, the next five years, may be higher than current levels, even though actual incidents may have declined significantly. It is not possible to conduct large scale and long range studies of populations of students who have received prevention education until there are more of these students.

However, it appears that such prevention programming can be inexpensive and relatively easy to implement. Current estimates give a female child a 20-25% probability of being sexually abused in some way before adulthood. It is the opinion here that any non-sexual issue which threatened the well-being of our school aged children would be much more quickly addressed. Child sexual abuse is a social problem from which children are in need of, and entitled to, protection and supportive assistance.

APPENDIX A - PREVENTION PROGRAM MATERIALS

Suggested Script for: Introduction to Discussion of "Good" and "Bad" Touching and Presentation of Self-Protection Skills

For Grades K-3

Hello, my name is Jane/John. We are from (the Department of Public Health). Will you give us your names? Let's go around the circle. (As children give names, presenters look at each child and repeat each name as it is given.)

John/Jane and I work together, and we are friends. Because we are friends, sometimes we touch each other. We might hold hands, or shake hands, or put an arm around each other's shoulders. (Presenters demonstrate touching.) Sometimes we even give each other a hug, because we are good friends, and it feels good to get a hug from a friend. What are some ways that people touch each other that feel nice, or good? (Voluntary responses from children)

There are other kinds of touching that feel bad, or make us feel "funny". What kinds of touching make you feel bad? (Voluntary responses will likely include such things as hitting, spanking, falling down)

There is a certain kind of touching that makes children feel bad, or mixed up. Sometimes this kind of touching is called sexual assault, or rape. Have you ever heard those words? (Yes's and No's from children) What do you think they mean? (Voluntary responses)

This kind of touching means that other people, usually people that are bigger than you, or who are already grown up, want to touch you in places that you don't want them to touch, or want to touch you when you don't want them to. People who do this kind of touching might want to touch you on your genitals--that is a penis for boys, and a vagina for girls--the place between your legs. Or, they might want to touch your bottom, or your chest. This kind of touching can make us feel good at first, but a lot of times it feels bad, or makes us feel mixed up. Do you know why it might make us feel mixed up? (Voluntary responses)

Mixed up touch feels good and bad at the same time, or makes us feel "funny" or "sneaky". Do you know what kind of people might do this kind of "bad" touch? (Children will probably include responses like "crazy" people, strangers, criminals.)

K-3 Script - Page 2

Well, the people who touch children this way are not mean, or crazy, or different looking. They are people who feel like they are ugly, or that no one can really love them. They get mixed up, too, and when they get mixed up, sometimes they try to give a "bad" touch to children. Sometimes the person who does this will be a stranger, but most of the time it will be a person you know already. Sometimes people who do this will even be part of your family.

Have your parents ever told you about things like not getting into cars with strangers, or not letting people you don't know into the house? (Volunteer responses)

It feels good to know how to take care of yourself, doesn't it? Let's talk about things that you can learn to do to keep someone from giving you a "bad" touch. Any ideas? (Write appropriate responses on the board)

We know some ways to keep "bad" touch from happening, and we would like to tell you about them. Number one--can everyone here say "NO"? Let me hear you all say a good, strong NO, like you really mean it. (Response) Let me hear it one more time. Good, that's a good NO.

Saying NO like you really mean it is one thing you can do to stop a "bad" touch from happening. Number two--you can go away from that person. If you are at home, you can leave the room, or go to your room and shut the door. If you are outside, you can go away from the person very fast. Can everyone here run fast? How fast can you run? (Responses)

Going away from the person that wants to give you a "bad" touch is another good idea. What about telling another grown-up? Is that a good idea? (Responses) Number three--tell another grown up what has happened to you. A grown-up can make sure that the "bad" touch stops.

What do you think would happen if you told a grown-up? (Responses) Do grown-ups always believe children? (Responses) You should keep telling until a grown-up believes you. What grown-ups can you tell? (List responses that children volunteer. Be sure that parents, other relatives, friends, and teachers are on the list. This is also the time for teacher to identify her/him self as an adult resource.)

If there is no grown-up around, should you tell someone later what happened to you? (Response should be yes; reinforce if it is not) And, you can always tell your teacher, because she/he knows about this kind of bad touch, and will know how to help you.

K-3 Script - Page 3

So, tell me again what you can do to stop "bad" touching. (Responses will provide a measure of how well material is being assimilated.) We can say "NO". We can go away from the person. We can tell a grown up. That was very good. You are all good learners. I think that you can all do these things that we have talked about.

Go into the "NO" Game

Suggested Script for: Introduction to Discussion of "Good" and "Bad" Touching and Presentation of Self-Protection Skills

For Grades 4-6

My name is Jane/John. We are here from (the Department of Public Health). We would like to know your names. (Look at each child as name is given and repeat names.)

We would like to talk to you about touching, or physical contact. We work together, but we are also friends. Because we're friends, we naturally touch each other. We shake hands, hold hands, put our arms on each other's shoulders. (Demonstrate touching) Sometimes we give each other hugs, because it feels good to get a hug from a friend. What are some of the ways you know of that people touch each other that feel good?

Not all touching feels good, though, does it? Some, like hitting or pinching, feel really bad, and some touching is confusing--it makes us feel funny or mixed up. What kinds of touching does this make you think of?

We want to talk with you about one kind of touching that can make children feel "bad" or "funny" or confused. Sometimes this is called rape, sexual assault, or child molesting. Have you heard some of these words? Do you know what they mean? (Notice if children are embarrassed, and comment upon the fact that it is sometimes embarrassing to talk about this kind of touching when we get older. Give reassurance that embarrassment is normal and alright.)

O.K., this is a little different than things like hitting or kicking, different from other ways of touching that hurt. This kind of touching means that people want to touch your genitals--that is the penis for boys, and the vagina for girls. Or, they may want to touch your bottom, or buttocks, or breasts on girls. This kind of touching can feel kind of good at first, but it is also confusing, and a lot of the time it makes kids feel bad. Do you know why it might be confusing?

What kind of people do you think do this kind of touching? (Responses) Usually, it is done by adults, or by teen-agers, people who are older than you. Sometimes these people are strangers, but a lot of the time it will be people that you, or your family, know. It can even happen with someone in your family. These people are not "crazy" or different in the way they look, but they are people who don't like themselves very much. They get confused, and then they try to give this kind of "bad" touch to kids.

4-6 Script - Page 2

Let's talk about safety rules for a minute. I am sure that you all know safety rules, like not getting into cars with strangers, or not letting people you don't know into the house if you are there alone. These are good safety rules, just like the ones you know about bicycle safety or fire safety. There are also safety rules you can learn to keep people from touching you in ways that you don't want, or don't like. Do you have any ideas for safety rules for that kind of situation. (List appropriate responses on the board)

We would like to tell you about some safety rules that we know about--ways that you can control the way people touch your bodies. The easiest one is to just say "NO". Can you all say NO? Let's hear you. O.K., now give me a good, strong NO, like you really mean it. Good, that's rule number one.

Another safety rule you can follow is to go away from the person that is bothering you. You can leave the room, or go to your own room if you are at home, and shut the door. If you are outside, walk quickly, or run away from the person. How fast can you run? Have you ever had your running timed in physical education, or anywhere else?

So, getting away is another way to handle this problem. What about telling an adult what has happened to you? Do adults always believe kids? Can you keep telling until an adult does believe you? Who are some adults that you feel you could tell about this?

(At this point, after children make their suggestions, the teacher will identify her/him self as a resource person to the children.)

Review of the three main points of self-protection skills; go into the "NO" Game, but for this age group, identify as assertiveness skills practice.

* Suggested Script for "What If..." Game Scenarios

Jeff and Chad were playing at the schoolyard on Saturday morning. A man from the neighborhood watched them for awhile, and then he said he would throw the ball for them to catch. But the boys saw that his pants were unzipped, and his penis (between his legs) was showing. How do you think the boys felt? What do you think they should do?

Annie was at her uncle's house one afternoon, and they were playing a game. During the game, they pretended that she had a bee crawling on her, and then he would brush it off and "save" her. Annie liked the game until her uncle started to touch her legs and her bottom, then she didn't like it anymore. Should Annie tell her mother? Do you think Annie should stop playing the game, even if she used to like it?

Mark is only five years old, and when his mother and father go to the movies, he has to have a sitter. One night, the babysitter wanted to come into the bathroom and give him his bath, even though Mark always took his own bath. He let the babysitter come in, but the next morning he felt "funny" about it. Should Mark tell on his babysitter? Will his mother and father be angry at him for letting the babysitter give him his bath?

One afternoon, Laura was at home by herself. Her mother had gone to the store for a gallon of milk. A man that Laura did not know knocked on the door and asked to speak to her mother. Should Laura tell the man that she is home by herself? What would you do if you were Laura?

Susan and her father always watch television together on Saturday evening. Usually, they have a good cuddle together while they watch their favorite shows. But now her father is starting to make Susan feel "funny". She feels like he hugs her too tight, and she doesn't really like it when he pats her on her chest. She does not want to hurt her father's feelings, but she does not like this anymore. Can Susan tell her mother about this? Will Susan get into trouble? What would you tell Susan to do if she were your friend?

Ricky and Joe were walking home one day when a nice man in a shiny car stopped and said he would give them a ride in their new car. They really wanted to go for a ride in such a fancy car, and the man said that his car could go very fast. What do you think Ricky and Joe should do? Why do you think that?

Mary loved her Grandpa very much, but she didn't like her uncles quite so much. When her family had a party, all the grownups tried to make her kiss them on the cheek, and laughed

at her if she didn't want to. How would you feel if you were Mary? Do you think Mary is silly to not kiss her uncles?

Sally was at her grownup brother's house with her family. Everyone else was outside, and she and her brother were playing a wrestling game. All of a sudden, he began to tickle her all over, even under her panties. Sally started to cry, and her brother got very mad at her. He told her not to tell anybody about the tickling, but Sally was afraid not to tell. Should Sally tell about the tickling? Who should Sally tell? Will she get into trouble?

Jim is twelve years old, and has a job on Saturday mornings working for a friend of his father. Jim really likes his job, especially because it is the first job he has ever had. He is trying to save enough money to buy a ten-speed bike that he wants very badly. The man he works for makes him touch his penis every Saturday morning, before he goes home from work. Jim doesn't like to do this, but he really wants that bike. What do you think Jim does? What would you do?

Greg and his family are very good friends with a man named Harry. They go to Harry's house for hamburger picnics, and Greg's parents are always saying, "Isn't Harry a wonderful man?" But, Harry is always showing Greg his penis, and wants Greg to show his penis to him. Greg feels very confused. Will his parents believe him if he tells them about Harry? Would you believe Greg if he told you this story?

Angela is fourteen, and she is at her first party. She is sitting in the corner with a boy who is sixteen, and she has a big crush on him. All of a sudden, the boy is trying to kiss her and touch her breasts. She doesn't want him to do this, but she is afraid that if she tells him "No", that he won't like her anymore. Do you think Angie is right? What would you do about this problem?

Martha is in fifth grade, so she doesn't have a babysitter after school. She always calls her father when she gets home and tells him where she will be playing. Recently, when she is home alone, someone has been calling her on the phone and not saying anything--just breathing real funny into the phone. Martha is scared, but she thinks that if she tells her parents, they will make her have a babysitter again, and she wants to be grown-up. What would be a good safety rule for Martha? How do you think Martha feels?

Joseph is about 11, and he is very lonely. He only moved to this town about two months ago, and he doesn't have many friends yet. The man and woman who live next door are very nice to him, and he likes to go there to eat cookies and other snacks, and to play games. The man and woman are very friendly

to Joseph, because, they say, their own grandchildren live too far away and Joseph can be a pretend grandson. The man is always trying to show Joseph pictures of naked women, and then talks to Joseph about the women. Joseph feels nervous when this happens, but he doesn't want to lose a new friend. Why do you think Joseph feels nervous? Should Joseph tell someone about his problem?

Brenda and her grandfather are "special friends", and they have a "special game". Brenda's grandfather has her sit on his lap, and then he rubs her against him, between his legs. He tells Brenda that this is a "special" secret, and that she must never tell anyone or they won't be able to be "special friends" anymore. But Brenda feels confused about the game, and she doesn't want to play that anymore. Is Brenda afraid of her grandfather? Is he really a "special" friend? Are there "good" and "bad" secrets?

* Adapted from the "What If..." Game in Adams and Fay, and in Sanford; also from curriculum materials from Hennepin County's educational program (Kent).

Outline of In-Service Training for School Personnel:

This presentation can be adapted to in-service training structures employed by various school systems. It is necessary that all school personnel receive this exposure, however. The program staff will be the in-service training presenters.

Time: 1 1/4 to 1 1/2 hours
Size: Limited to 25 persons

Short introduction to Prevention Program and materials
Show 20 minute training film
Small group processing with program personnel as facilitators
Delivery of information on Prevention Program, goals, presentation format
Discussion of teacher role in presentation, and as a later resource
Delivery of information on community resources, procedures for reporting within the school system, and for dealing with problems or questions directed at school personnel
Role playing of teacher's involvement in presentation, and in dealing with problems, parental objections

Outline of Information Program for Parents:

Time: 1 1/2 to 2 hours
Size: Not limited

Short introduction to Prevention Program and materials
Show 20 minute film on sexual child abuse
Small group processing of film
Address problems in dealing with sexual child abuse: personal feelings, experiences; dealing with myths and misinformation; need to blame someone for incidents; defusing strong feelings
Presentation of Prevention Program information, goals, delivery formats, role of school and school personnel
Delivery of information on community resources
Question period
Followed by refreshments, with program staff available for private conversation, questions, examination of program materials

(Program can be presented in conjunction with school parent organizations)

Outline of In-Depth Parent Training Seminar

This program has been designed as a two-part seminar, with each meeting to last from 1 1/2 to 2 hours. The program can be offered through the community education unit of a mental health center, as a course in the adult education schedule of a local community college, or by the prevention program unit (as a separate entity). There may be other resources in individual communities which would also be appropriate course settings.

The program is intended for parents who want to pursue prevention education within a structured setting, as opposed to acquiring the information from literature or other sources. Not only will information be presented, but the additional time provided for will allow the addressing of some of the emotional issues contained within the problems of child sexual assault.

Information, Issues to be Covered:

Survey on child sexual abuse: the nature of offenders, the nature of the abuse, the psychological and social ramifications
Discussion of personal feelings and attitudes about the problem
Presentation on prevention education in the home: Different techniques, games, etc.; how to deal with difficulties; available resources, where to get them, how to use them
Community action options--how to form a support group, community action network, information exchange, etc.
Community resources--for prevention, and for after-the-fact situations (both for parents and for children)

Bibliographical and Other Resources for Parents, School Personnel, and Other Adults Interested in Sexual Child Abuse and Prevention.

No More Secrets, by C. Adams and J. Fay - This book offers guidelines to parents who would like to do sexual abuse prevention education with their children. The book offers very basic information on sexual abuse, as well as simple, practical suggestions on "what to do" in prevention efforts. The book also offers guidelines for coping with an actual situation of abuse, and has helpful information on how adults can cope with their own feelings about sexual abuse.

Conspiracy of Silence, by Sandra Butler - The author has gathered information from studies and reviewing professional literature, and by interviewing professionals, community people, and 130 adults who were victims of child sexual assault as children. The focus of the book is on incest; however, it does provide a good understanding of sexual assault, how it happens, and what it does to victims and offenders.

Sexually Victimized Children, by David Finkelhor - This book is a valuable resource, because it addresses all phases of child sexual assault, and is not limited just to incest. The author reviews professional literature, and does an extensive survey on a scientific study he conducted, but the information is presented in ordinary language, not scientific "jargon". The greatest value of the book is that it is objective, while being insightful and sensitive, and it provides information that helps eliminate myths and prejudices.

Hidden Victims: The Sexual Abuse of Children, R. L. Geiser - This author covers all aspects of child sexual abuse, including prostitution and pornography, in a very well done survey of the problem. Again, the language of the book is not "scientific", and is very easy to read and understand, even though it presents a great deal of factual information.

The Silent Children, by Linda Sanford - This book is very similar to No More Secrets (described above), in that it is aimed at parents, and provides information on educating children about sexual child abuse. The section on sexual abuse on offenders is expanded to include a great deal of factual information, for those who are interested in learning more about the problem. Sanford also provides "how to" information for parents in teaching prevention skills, and

has a number of exercises that can be done in the education, and as preparation for it. Sanford's approach is based on the child's self-image, and the positive parenting and open communication which help develop a positive self-image for the child. Not only is this an excellent book on prevention, it is also a good resource on parenting in general.

Red Flag-Green Flag People, by Joy Williams - This is a coloring book, developed as a tool for teaching children about sexual abuse and self-protection skills. It explains sexual abuse in the context of good/bad touching, and can be a good tool for parents who feel they need a book, or other aid, in presenting this information to children. The text of the book is on a higher cognitive level than the pictures, and the concept of a child's coloring book, and parents will need to read the book with the child.

Available from Rape and Abuse Crisis Center of Fargo-Moorhead, P. O. Box 1655, Fargo, North Dakota 58107.

Other Resources for Parents, Teachers, Interested Adults

The following organizations can provide you with additional information on sexual child abuse, and on other forms of child abuse. Both of these organizations have been collecting and distributing information on these issues for some time, and have many materials available.

The American Humane Association
Children's Division
P. O. Box 1266
Denver, CO 80201

National Center for Prevention and Treatment
of Child Abuse and Neglect
1205 Oneida Street
Denver, CO 80220

List of Films/Filmstrips on Child Sexual Abuse

Films and Filmstrips for Children

"Speak Up and Say No" (6 minutes) - for grades K-3; cartoon characters teach self-protection skills in a filmstrip

"For Pete's Sake, Tell!" (10 minutes) - for grades 4-6; cartoon characters teach self-protection skills in a filmstrip

Both filmstrips developed by a classroom teacher; available from Krause House, P. O. Box 880, Oregon City, OR

"Beware of Strangers" (20 minutes) - available from Aptos Film Productions, 729 Seward St., Los Angeles, CA 90038

"Meeting Strangers: Red Light/Green Light" (21 minutes) - available from BFA Educational Media, P. O. Box 1795, Santa Monica, CA 90406

"Child Molestation: When to Say No" (13 minutes) - available from Aims Instructional Media Services, Inc., 625 Justin Ave., Glendale, CA 91201

Information/Training Films for Adults

"Double Jeopardy" (40 minutes) - An advocacy film; available from MTI Teleprograms, Inc., 3770 Commercial Ave., Northbrook, IL 60062

"A Time for Caring: The School's Response to the Sexually Abused Child" (28 minutes) - available from Lauren Productions, Inc., c/o G.B. Media, 333 No. Flores St., Los Angeles, CA 90048

"Incest: The Victim Nobody Believes" (21 minutes) - a film involving three actual cases of incest; available from MTI Teleprograms, Inc. (see above)

"The Last Taboo" (30 minutes) - a film of a therapy group of six victims of incest; available from MTI Teleprograms, Inc. (see above)

APPENDIX B - IMPLEMENTATION RESOURCES

The following has been taken from the "Child Sexual Abuse Prevention Project", by Cordelia Kent, published through Sexual Assault Services, Office of the Hennepin County Attorney, Hennepin County, Minnesota.

## Myths to Tackle

Designing and developing an educational program for children and improving services for child victims meant a head-on battle with common social myths about the sexual exploitation and assault of children. The responses to these myths are based on the beliefs of the SAS staff, their observations and data collected from sexual assault cases in the Hennepin County Attorney's office.

Myth I. It's Not Important For Children To Have Information About Sexual Assault. In 1968 the American Humane Association estimated that each year there may be 4,000 cases of child sexual abuse in every large city. Despite this data, together with increased reports of child sexual abuse and data such as on "Patterns of Victimization", children were still deprived of accurate information. It is as important for children to receive information about sexual assault for their own safety as it is for them to receive information about fires, crossing the street and swimming.

Myth II. It Is Damaging and/or Dangerous To Give Children Information About Sexual Assault. It is potentially more damaging and/or dangerous to withhold information from children. Children who do not have any information about sexual assault may not know what to do if someone tries to manipulate or force them into some type of sexual contact. Because children have inaccurate or limited information, victims may be embarrassed or afraid to report sex crimes and hesitant to seek treatment.

Myth III. Children Are Not Sexual Beings. Humans are sexual beings from birth to death. They are males or females whose sexual development progresses and changes along with their emotional and physical development. There is nothing magic about the age of 18 when humans suddenly turn into sexual beings. The denial that children are sexual beings can lead to beliefs such as sexual assault does not hurt children and children are not ready for or in need of information about sexual assault.

Myth IV. A Discussion About Sexual Assault Will Scare Children. Sexual assault is a sensitive discussion. Many students have commented that it is frightening to them to have inaccurate or only sketchy information, and they would feel more comfortable if the subject of sexual assault could be discussed more openly. The fear around the topic can be dealt with by balancing frightening types of touch, relationships or people with positive types of touch, relationships or people. It became increasingly clear from talking with students during the year that adults do not give children information about sexual assault because they don't want to scare them. Similarly, children do not give information to adults, because they don't want to upset or scare the adults. Many victims of sexual assault say they had never been told it was a possibility. Furthermore, since some people believe it is better to avoid talking about an incident or incidents of sexual assault, many victims feel compelled to hide any occurrence of assault or abuse from everyone.

Myth V. A Discussion About Sexual Assault Will Scare Children From All Touch. On the contrary, after discussing the differences between good and bad touch, children report having more permission to touch, more permission to ask about confusing touch, and permission to say "No" to touch they do not want. The older the students are, the higher the likelihood that they will have more taboos and fears around touching. It is important that adults do not project their uncomfortable feelings or fears of touch onto children.

Prevention Programming Resources in the Area of Sexual Child Abuse:

1. Child Sexual Abuse Prevention Project
   Sexual Assault Services
   Hennepin County Attorney's Office
   2000-C Government Center
   Minneapolis, MN 55487

   Publishers of a book, Child Sexual Abuse Prevention Project, which provides a full curriculum and activity guidelines, as well as implementation information.

2. Oregon City Public Schools
   P. O. Box 591
   Oregon City, OR 97045

   Materials available on curriculum for grades K-12, with teacher training and resource materials.

3. Rape and Abuse Crisis Center
   P. O. Box 1655
   Fargo, ND 58107

   Red Flag/Green Flag People, a coloring book for children on sexual abuse prevention, with additional curriculum program guides for classroom or individual instruction, videotape training, and in-service training for program presentation and implementation.

The following resources reportedly have materials available on sexual abuse prevention; however, efforts by the author to obtain materials have not been entirely successful. It is hoped that this was a temporary problem, and that others will have better luck in obtaining information.

4. "Who's In Charge? I'm In Charge!"
   Rape Crisis Center, Dept. WD
   776 West 200 North
   Salt Lake City, Utah 84116

5. Institute for Prevention and Treatment of
   Child Sexual Abuse
   223 North Yakima Ave.
   Tacoma, WA 98403

6. Joe Comella
   Cook County Sheriff's Dept.
   702 Civic Center
   Chicago, IL 60602

## APPENDIX C - THE SEXUAL VICTIMIZATION EXPERIENCE

This section is provided for the purposes of describing, in greater detail, the processes involved in the sexual abuse of children: the nature of the experience, the dynamics, and consequences and treatment. Although many other resources are available, this information should provide an overview of the total problem, with sources provided for further individual exploration.

Finkelhor's study has put forth detailed information on the nature of the child sexual victimization experience, and much of that will be repeated here (Finkelhor, pp. 53-58). Of 796 study participants, 19.2% of females and 8.6% of males reported a childhood victimization experience. The majority of offenders were family members or friends (See Table I). Tough vulnerability to abuse existed at all ages, victimization showed peaks at ages 10-12, with an additional peak at age 8 for girls (See Table II). On the average, victims were between 10 and 11 at the time of molestation. (As a comparison, the median victim age in the DeFrancis study was 11) (DeFrancis, p. vii).

Both males and females reported that coercion (by force or threats of punishment) was employed by 55% of offenders. Pleasure was reported, over the physical sensations and feelings of closeness with the offender, but 58% of females remember reacting initially from fear. Only 7% of participants described their experience as positive, 0% (emphasis author's) were later glad that it had happened, and 66% of the past victims have negative feelings about the experience.

Concerning the nature of the abuse, 38% involved genital touching and manipulation, 20% of females were victims of exhibitionists, and only 4% of females reported intercourse. (Some researchers suggest that the offender is looking for a more childish form of sexual activity, which would explain the low level of intercourse.)

In his review of child rape, Geiser's findings on the nature of child assault are fairly similar to the Finkelhor study. Behaviors involving manipulation, masturbation, and non-coital genital contact were more prevalent than intercourse. Penile penetration will frequently be oral or rectal when it does occ[illegible] 21-25). Even in cases of incest, generally of longer duration, and thus having greater potential for progressing to intercourse, manipulation was the most common activity, with intercourse occurring between 10-11% of the time (Kroth, p. 74).

TABLE I

Relationship of Older Partners to Victims

| Relationship | Girls ($N$ = 119) percent | Boys ($N$ = 23) percent |
|---|---|---|
| *Family member* | 43 | 17 |
| *Acquaintance* | 33 | 53 |
| *Stranger* | 24 | 30 |

TABLE II

Age of Children at Time of Sexual Experience with Older Partner

| Age Group | Girls ($N$ = 119) | Boys ($N$ = 23) |
|---|---|---|
| *Mean Age* | 10.2 | 11.2 |
| | *Percent* | |
| *4–6* | 14 | 18 |
| *7–9* | 23 | 9 |
| *10–12* | 47 | 41 |
| *13–16* | 16 | 32 |

Sgroi (1979, pp. 6-7) maintains that even if penile penetration is achieved, it will be oral, anal, vaginal, in that order of preference. MacDonald's information on pedophiliac activity is much the same, with manual and oral contact being the most prevalent (1981, p. 92). The general opinion is that sexual activity correlated closely with the child's age, beginning with touching and manipulation, with intercourse being more likely for adolescent victims (Sanford, p. 87).

One-third of DeFrancis sample were abused between noon and 6 p.m., and 62% of the incidents took place in the home of the child or the offender, with only 10% occurring in public places (pp. 37 & 42). In Sanford's survey, two-thirds of victims were abused between noon and 8 p.m., with 50% occurring in the victim or offender home (pp. 84-85). A full 40% of victims will be abused more than once by the same offender, some repeatedly and over an extended period of time (DeFrancis, p. vii; Finkelhor, p. 59).

Various studies place the offender at between a 75% and 97% probability of being known to the child before the assault. In Tsai and Wagner's experience, with adults in group therapy, 80.9% of offenders and victims were related, with 50.8% being parents or parent figures. Offenders are overwhelmingly male, although current estimates of 1-3% of offenders being female may increase when, or if, reporting becomes more extensive.

In summary, the "typical" child victim of sexual abuse is pre-pubescent, knows (or is related to) the offender, is coerced into the activity, which takes place in the home of child or offender, and is assaulted during daylight hours. The child is rarely raped, in the technical sense of the word, but is involved in exhibitionism, manipulation, and masturbation. The data presented does much to destroy the popular myth of the child molester, portrayed as an older man, waiting on street corners, to give candy to unsuspecting, unknown children.

Incest:

Incest as sexual child abuse is more difficult to survey, as much of the available data is focused on father-daughter encounters, even though this category encompasses a relatively small portion of child sexual victimization. For that reason, and because literature on the subject is plentiful, coverage here will be minimal.

More recently, the focus seems to be placed on viewing father-daughter incest as a symptom of serious family dysfunction. Justice and Justice maintain that incest occurs because of pre-disposing personal characteristics (which may include abuse of the parents as children), current circumstances and stress levels, high rates of ongoing change within

the family, and the acceptance of sex as a solution to intimacy and nurturing needs (1979, pp. 110-112). The family is often isolated from social contacts (more by its ingrown nature than by geographic location), and is further characterized by seclusiveness, rigid sex roles, and domineering patriarchal parenting methods (Meiselman, pp. 107-109).

Parents, emotionally needy and dependent, accomplish a reversal of normal symbiotic roles with the daughter, which over time allows the incestuous relationship to develop. Father-daughter incest is frequently a long-term "affair" of an average of 3.5 years; only 25% are within a limited time frame (p. 165). There is a consensus in the literature that parent-child incest (most of which is assumed to be father-daughter) is the most traumatic form of child sexual assault, and the abusive fathers can be very difficult to involve in therapeutic interventions. However, Kroth's report on the CSATP, in California, indicates a high level of long-term success in ending family abuse while helping the family to reconstruct and remain intact.

Only 10% of the reported incest cases involved crossing generational boundaries in Finkelhor's study. However, of these, nearly all cases involved a daughter and father/step-father. Finkelhor's estimate of father-daughter sexual abuse is at 1% of the general population (or 16,000 cases per year)--a level equal to estimates of the presence of schizophrenia, which is acknowledged as a serious mental health issue (pp. 87-88). Kroth's projection is slightly higher; he anticipates 21,000 cases of father-daughter incest per year (p. 74).

A word or two regarding other incest is relevant here. First of all, offenses by relatives outside of the immediate, nuclear family can have dynamics of incest if the relationship before the abuse is of a close, family nature. Likewise, abuse by distant relatives may be less traumatic than abuse by a close, family friend (Finkelhor, p. 94). Geiser would support this view of incest as contextual, depending on the quality of the relationship rather than strictly related to blood lines (Geiser, p. 43).

Sibling incest is apparently the most common form of non-marital, intra-familial sex. Though generally regarded as "normal" to an extent, and as less traumatic than other incest, Finkelhor's study raises some provocative questions. Females in the study were almost twice as likely as males to have experienced sibling incest--39% to 21%. Females were also involved in situations where 23% of brothers were five years, or more, older, and 30% of offending siblings used force or other coercion--even in peer age incidents (Finkelhor, pp. 87-89). (Emphasis author's)

Children from large families were generally more vulnerable to sexual assault, with one interesting difference--girls with several brothers were found to be considerably more vulnerable to incest, while boys from large families were more vulnerable to molestation by an unrelated adult (p. 128). Geiser shows concern for consequences in sibling incest if there is a significant difference in ages of participants, if force is used, or if pregnancy or infection result (Geiser, p. 67). Sibling offenders do not fit character types as well as older offenders, but are a reflection of chaotic or introverted family structures. Sibling incest may be a problem in the presence of age differentials, aggression, or acting-out behavior (Justice & Justice, p. 104-105).

Sexual Abuse of Boys:

Up until recently, the assumption was that offenders were almost always males and victims of sexual abuse almost always females. Emerging evidence indicates that the ratio of boy to girl victims is much higher than previously believed. The ratio in the Finkelhor study, for example, is close to 1:2. Sgroi suspects that the true distribution of female/male victims is closer to 50/50 (p. 6).

Consequences for male victims may be more complicated than for females, because of the issue of homosexuality, for the abuse then violates two cultural norms (Swift, p. 23). Nasjleti has examined this issue from her perspective as co-leader of a group for victimized boys within the CSATP. She proposes that the homosexual issue is one deterrent to reporting, for boys fear being identified as homosexual, or fear that they may actually belong in that classification (Nasjleti, 1980).

Nasjleti also suggests that the male enculturation process, which encourages boys to be aggressive, self-reliant, and emotionally self-sufficient, detracts from their ability to ask for help and/or reveal their vulnerability. Finkelhor points out that boys are less likely to arouse a protective response, and that the consequent "shame" over not having protected themselves is a cause of non-reporting. A 1978 listing of age of consent laws, compiled by the ACLU (American Civil Liberties Union) provides one example of the lack of protection extended to male victims. Out of the listings for the 50 states, 28 referred specifically to females as victims, and did not extend their protection to males (Schultz, Appendix).

The issues involved for male victims of sexual abuse, then, have encouraged a neglect of this population. The social valuation of masculine strength, and the taboos over homosexual behavior, have made it difficult even for professionals to recognize boys as victims.

Dynamics of Sexual Abuse:

Finkelhor maintains that sexual abuse, or victimization as he prefers to call it, takes place between a child and an older person where the offender has a distinct advantage of authority and sexual sophistication (p. 16). The viable issues are consent, knowledge, and power. The child who does not understand the social and emotional implications of sex with an adult, who has been admonished to be "good" and respect adult authority, and who is eager to please an adult whom they love or are dependent upon, cannot be said to have powers of consent equal to those of the offender (Finkelhor, 1979).

Burgess and Holmstrom agree that the position of power of the older offender, and the age and developmental stage of the child, render the child incapable of giving informed consent to an adult-child sexual approach (p. 85). In every interviewee with whom she worked, Butler found a cognizance of the adult approach being "funny", but in each case, the victim bowed to the adult authority (p. 30). The molester depends on the child's desire, or need, to please him (Sanford, p. 84). In the DeFrancis study, 25% of offenders used the power of their relationship with the child to gain cooperation in the abuse (p. 46).

The child who is said to be uneducated about sexual matters might be suspected of being unable to define a sexual act. In fact, some authors suggest that it is not the sexual activity itself that harms the child, but the reaction which is experienced by the child when the activity is disclosed. (Interestingly, many of these same authors seem to approach sexual abuse from a psychoanalytic orientation.) Nevertheless, children do sense that what is being asked of them is in some way wrong. As Finkelhor describes the experiences of his staff in their study, "We were impressed at how accurately children perceived sexual experiences as sexual" (p. 47). Past victims describe "sneakiness" on the part of the offender as a clue that something unusual was occurring. In addition, attitudes and behaviors toward the genitals are usually distinctly different than for other body parts, and adult touching of genitals generally ceases after toilet training.

Even without a sexual sophistication, children do seem to recognize the special nature of this type of activity, as is evident in two behaviors--secrecy and self-blame. Children respond to pressures placed on them by the offender for secrecy concerning the sexual encounter; underreporting may be an indication of the conflict level in the child (Finkelhor, p. 32). Two-thirds of victims in Finkelhor's study, for example, had never told anyone of their sexual abuse (p. 107). Butler's research experience was similar; many of the women she

interviewed had never shared this information before, and reported on the pressures of secrecy they had felt over the years (pp. 7-8).

Some victims remain silent because of subtle coercion or direct threats, others because they feel a report would be discounted. As has been previously discussed, self-blame, or guilt, is an extremely common reaction to childhood sexual assault. The assumption of silence and guilt, by the victim, have direct associations with the victim's knowledge that the encounter contains elements of being "bad" or "wrong" in some way.

The power of the adult offender, and the ease with which children are convinced of the need for secrecy, reveal a great deal on how sexual abuse occurs. The tactics of offenders are a source of much important prevention information. Frequently, the offender knows the child and is emotionally involved with him, or her, over a period of time. The child may be slowly conditioned to accept a sexual relationship, beginning with manipulation and progressing to more intense involvement. The activity may begin with nonsexual behavior, even using fun as an enticement, then progresses to abuse (Zaphiris, 1978). The uneducated child victim is confused, for the sexual activity may simply be an extension of a previous pattern of physical affection between offender and child (Meiselman, p. 151). The abuse may also be the only form of physical contact the child is given, either with the offender or with other adults.

According to Groth's assessment, the offender desires the child as a love object, and frequently employs the rationalization that he is giving the child affection. In actuality, the offender feels safe and comfortable only with children, and uses them to fulfill his own needs for affection and physical contact (Groth, p. 11). One commonality Groth has found in his study of fathers (who abuse their daughters) is their sense of entitlement to their children (p. 22). Approaches used by offenders may include the enticement of a shared secret, a special friendship, or bribes (Sanford, pp. 235-248). All of these manipulations require the special power position of the adult, the child's obedience, curiosity, or loneliness, to work.

A final category of offender approaches, and perhaps the most commonly used, involves coercion. There is always an implicit threat in such a relationship, due to the discrepancies in power, information, and ages, all of which give the offender the majority of control in these situations. Threats are more generally emotional, (e.g., "I won't like you anymore"), but are also direct. DeFrancis found that 61% of victims in his study had been threatened with, or victims of, violence if they did not cooperate, and that actual violence or overpowering

were more frequent with offenders who were strangers (pp. vii & 46). The implication one might draw from this information is that the closer the relationship between victim and offender, the more relationship power can be substituted for physical threats and violence.

Sources of Trauma to the Child Victim:

The harm that is done to a child in a sexual molestation experience is almost always emotional. Physical harm does occur, but is proportionally rare. Understanding what occurs during the experience which is psychologically harmful also helps us to identify the issues which prevention must address, for these are the areas of greatest child vulnerability.

The effects of such abuse are not limited to the sexual nature of the offense, but are also related to the particular circumstances for the victim, such as relationship to the abuser, the duration of the experience(s), the age of the child, and so on. It is the proposition here, however, that the most harmful aspects of the experience rest in the exploitation of the victim and the misuse of adult power. Drawing once more on Finkelhor for support, it was his finding that the use of force, or other coercion, was viewed as the source of trauma by the majority of past victims. This also seems to be closely related to the effects of lingering guilt in those victims who complied but were not forced to do so.

The second important source of trauma was in the difference in ages of participants; trauma increased in direct proportion to increases in age differentials (Finkelhor, pp. 99-107). Thus, it is the experience of powerlessness and exploitation, and the betrayal of trust, which are at the root of sexual abuse trauma.* The context in which the act occurs is actually a more important consideration than the particular activity.

Other authors support this view, particularly in more recent writings. DeFrancis, among others, stresses the importance of adult support for the sexual abuse victim in avoiding long-term effects upon the child (p. x). Kroth suggests that there may be a link between long-term effects and collusive, or passive, mothers; of child victims seeking therapy as adults, 24% had mothers who knew of the abuse but took no action, a situation true for only 10% of current cases under study at CSATP (Kroth, pp. 54-55). It is Groth's view that trauma is not only highly variable, but is also not inevitable. The impact of parents and other adults is highly important in avoiding long-term harm (Groth, p. 32).

* Author's Note: As one past victim has put it to me, tearfully but succinctly, "These are the people who were supposed to be taking care of me! Where was I to go?"

The Consequence of Child Sexual Abuse:

There are certain methodological problems in research on long-term effects of sexual abuse, which make accurate information difficult to uncover. For one thing, much of what is written has been based on pre-selected populations--past victims seeking intervention services--and is therefore suspect. However, there are several trends in the literature that are significant. First of all, descriptions of immediate and long-term effects are consistent with one another. Second, many references are made to linkages between such abuse and problems which frequently require service or intervention, such as learning difficulties or criminal behavior. Finally, sexual abuse does seem to involve a generational transmission factor, much as other forms of child abuse. Though sexual abuse may not always cause harm, the literature does support the view that it is at least a contributing factor in emotional suffering or social maladjustment for many victims.

Steele and Alexander have compared the effects on adults sexually victimized as children with those who have been physically abused (pp. 225-230). Both groups seem to suffer from a cluster of ailments: low self-esteem, chronic depression and anhedonia, lack of integration and basic trust, problems with interpersonal relationships, and feelings of social isolation, as well as a pervasive sense of lovelessness. Geiser, as well as other authors, includes these in his own discussion of long-term effects (Geiser, pp. 28-31).

Sexual abuse, however, produces particular difficulties directly related to the nature of its dynamics. A sense of exploitation, entrapment, powerlessness or helplessness, and abandonment is common to these particular victims (Steele & Alexander; Geiser). A perception of the locus of control being external, rather than internal (Sahd, p. 76; Steele & Alexander), would seem to be relevant to these particular reactions. Sexual dysfunction, in varying degrees, is cited by a number of authors (Tsai & Wagner; Butler, p. 43; Meiselman, pp. 198 & 243). Suicidal and other self-destructive behaviors are sometimes related to sexual abuse (Meiselman, p. 188; Sahd, p. 85).* Some women report feeling somehow corrupted, or contaminated (Sahd), or of having "lost" their childhood (Tsai & Wagner). Guilt is reported by Tsai and Wagner to be a universal reaction among adult women (past victims) in their therapy groups. In fact, guilt is referred to so frequently in the literature that it seems to be almost universally listed as a reaction to child sexual abuse.

* Author's Note: I recall a conversation with a psychiatric social worker, of some years experience, who reported never having worked with a woman sexually assaulted as a child who had not been suicidal at some point in her life.

Some authors feel that the previously abused woman is more likely to divorce, and to have unsatisfying relationships, than other women. Relationship problems may be based on a generalized mistrust of men, or by seeking out partners who are similar to the molester. While looking for a protective man, the past victim may persistently choose abusive partners, and then continue in that relationship as "punishment" (Tsai & Wagner; Herman & Hirschman, pp. 115-116). Geiser also discusses this repetition compulsion--the need of the victim to re-enact the abuse, either upon themselves, or by allowing their own children to be abused (p. 58). Other women experience anxiety over the threat of generational repetition, and may feel so uncertain of their parenting skills that they fear having children at all (Steele & Alexander, p. 231). Butler, whose work is partially based on interviews with 130 past victims, describes these women as being unable to be close to, or touch, their children, because of their own distorted experiences with touching. Needing nonsexual affection, and yet fearful of repeated exploitation, they may live out their lives in emotional emptiness (Butler, pp. 43-44).

Spencer has done a review article on the link between incest and prostitution, substance abuse, promiscuity, delinquency and teen runaways. Butler's research support these findings (p. 16), while Finkelhor (p. 32) and Geiser (p. 58-59) maintain that these behaviors are exhibited by sexual abuse victims in general, not just by victims of incest. In one particular study, 71 of 103 (65%) vice squad arrests for prostitution, in Chicago, involved women who had been child sexual victims (Steele & Alexander). Other authors show concern for adolescent runaways; Butler quotes a 1975 Runaway Newsletter which identifies sexual abuse as one of three major reasons that minors leave home (p. 16).

Two workers, known to the author, who have been involved with a local youth drug rehabilitation program, report that every teenage girl with whom they worked in the program had reported being sexually assaulted as a child, some up to the time of their enrollment in the program. These are but a few specific examples of the link between sexual assault and social problems which eventually require service. They tend to support Spencer's recommendations of addressing and treating this specific issue within the juvenile and criminal justice systems.

In the case of offenders, the circularity of sexual abuse can be seen. Studies of incestuous families reveal that one or both parents may have been past child victims of physical or sexual abuse (Butler, p. 67 & p. 114). McCarty (1981) discusses an intervention program in Dallas County, Texas, in which it was discovered that 75% of mothers of incest victims in their program were themselves past victims. In one study

of physically abusive mothers, the correlation was 90%, though Justice and Justice, who reported the study, have found a lower rate in their own direct service with incestuous families (p. 200). The suggestion here is that parents who received no intervention as a child victim may be either unable to deal with their own child's experience, or may be involved in the repetition compulsion described earlier.

Swift turns her attention to a suspected vast underreporting of boys as sexual victims, and potential for later repetition of the abuse as an offender, as have other authors. The implications for treatment as prevention are clear.

Treatment of Sexual Child Abuse:

To some extent, there has been a lack of understanding of the role of the child in sexual abuse situations. Freud addressed the issue fairly early, but though his pioneering work in psychology greatly aided the scientific development of that field, his views on sexual abuse laid the way for a "blaming the victim" approach that persists today (Finkelhor, p. 7). In his early work, Freud encountered reports of childhood sexual misuse among his patients, and even published his findings. Pressure from the professional community, and perhaps from his own conflicts, caused him to recant his theory and substitute one of hysterical reaction to unresolved Oedipal impulses. This view does still appear with disturbing frequency in psychoanalytic journals, and with some frequency in social work journals. Much as adult rape victims have been held responsible for attacks upon themselves, childhood victims of sexual abuse have been labeled as seductive, or have been accused of lodging false, or fantasized, complaints.

The current treatment method basically involves working with the child victim in counseling, and frequently includes either the mother or both parents. (If the father is involved in incest, he is usually not amenable to treatment unless required to engage in such by court order.) Several trends are noticeable in more current articles.

Berliner (1977) speaks to the need for counseling parents, even of extra-familial victims, to establish guidelines which enable parents to support the child and facilitate recovery from trauma. Groth (p. 32) and Kroth (pp. 54-55) also mention the importance of support to the victim in preventing long-term effects. Several treatment models (Philadelphia General Hospital, UCLA Trauma Intervention Project, and CSATP, as examples) advocate early intervention, individual and subsequent group counseling for family members, and the use of a multi-disciplinary approach.

While agreeing with many of these recommendations, Spencer also questions the impact of legal procedures on the child victim, and maintains that child advocates should be involved in these proceedings. Gentry and others address the need for firm but non-punitive measures toward incestuous families. Treatment needs of adults who have been child sexual abuse victims are also being addressed, as in the model developed by Tsai and Wagner.

In general, there has been a call in the literature for professional and community education on the issue. This, it is felt, is necessary in order for professionals to resolve their own feelings on sexual abuse, and to deliver objective and competent service to those in need. Several authors have also addressed the role of the culture in sexual child abuse. Florence Rush, in her book The Best Kept Secret, has written an extensive survey of long-term, historical precedents which have perhaps always allowed the sexual misuse of children, male as well as female, to occur. Butler and Finkelhor particularly come to mind as other authors who have addressed the role of sex stereotyping (women as sex objects, men as aggressors) and cultural values in the failure to recognize and ameliorate the social issue of sexual abuse. In all, the literature shows growth in the level of understanding of the issue and its service requirements.

The majority of research and survey articles, service models, and books on sexual abuse, are still problem and treatment oriented. Even the prevention recommendations in this literature seem to be of a secondary nature, aimed at making treatment more available and desirable. Recommendations made by Gentry are typical: family life education, community awareness, service coordination, and the identification of high risk families for prevention or early intervention purposes. Sgroi (pp. 13-14) also speaks in favor of the inter-disciplinary approach, and of the necessity for professional education and skill-building to improve treatment services. The approach to prevention of Justice and Justice is focused more on education of parents in areas of role appropriate boundaries, and of an understanding of child sexuality, particularly in the psychoanalytic "danger" phases--the Oedipal and adolescent periods (pp. 207-214).

In speaking to prevention, Meiselman supports education and early identification, but also identifies the divorce rate and father estrangement as an incest risk factor (pp. 332-333). While it is important that the concept of prevention is being addressed here, and that professional education and awareness building is consistently recommended, there is still a flaw in these approaches. Given the intense secrecy surrounding child sexual assault, and the ingrown nature of potentially incestuous families, it does not seem likely that this approach will

easily reach large numbers of those in need of services. In addition, changes in community opinion do not happen quickly, and the open, understanding atmosphere necessary for this approach to work could take some time to develop. It is the opinion here that, though the above recommendations are positive and needed, they do not go far enough in promising relief to children in need of protection.

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